

Senate File 65 - Introduced

SENATE FILE 65

BY PETERSEN

A BILL FOR

1 An Act creating a health equity program and fund, and providing
2 an appropriation.

3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. NEW SECTION. 135.193 Health equity program —
2 fund — standing appropriation.

3 1. The department shall establish a health equity program
4 to improve menstrual and post-menstrual health by providing
5 for reimbursement of the costs associated with the provision
6 of covered services and treatments related to menstrual and
7 post-menstrual health conditions not otherwise covered by a
8 third-party payor. The department shall promote the program
9 statewide and shall limit program administrative costs to
10 no more than four percent of the funds appropriated for the
11 program on an annual basis.

12 2. *a.* The department shall adopt rules pursuant to chapter
13 17A to administer the program and to specify the types of
14 services and treatments covered under the program, informed by
15 evidence-based data from menstrual and post-menstrual health
16 experts including but not limited to those who practice in
17 the fields of obstetrics and gynecology, family practice,
18 internal medicine, and urology. The covered services and
19 treatments shall include but are not limited to hormone
20 treatments, urinary tract treatments, vaginal estrogens, nerve
21 therapies, and other services and treatments that alleviate
22 illness, injury, conditions, diseases or symptoms related to
23 periods, fibroids, endometriosis, perimenopause, menopause,
24 incontinence, atrophic vaginitis, and other hormone-related
25 conditions.

26 *b.* Covered services and treatments shall include health
27 care services, treatments, supplies, and drugs needed to treat
28 a menstrual or post-menstrual illness, injury, condition,
29 disease, or its symptoms that meet any of the following
30 criteria:

31 (1) Comply with standard medical practice.

32 (2) Are approved by the United States food and drug
33 administration including for off-label use when supported by
34 appropriate medical records.

35 (3) Are recommended or preferred by the patient's provider

1 and supported by appropriate medical records.

2 3. The department shall establish a process for
3 registration of participating providers eligible to receive
4 reimbursement through the health equity program fund. A
5 health care provider shall be eligible for participation if
6 the provider is deemed qualified and in good standing by the
7 provider's respective health-related profession board.

8 4. A participating provider shall be reimbursed for a
9 covered service or treatment through the health equity program
10 fund within ten days of submission of a billing statement.
11 If applicable, the billing statement shall confirm that the
12 patient is uninsured or that the service or treatment is not
13 covered by the patient's insurer.

14 5. The amount billed by the participating provider shall
15 not exceed the actual cost incurred by the provider in
16 delivering the covered service or treatment. Reimbursement for
17 a covered service or treatment shall be paid directly to the
18 participating provider and such payment shall be considered
19 payment in full. The health equity program shall be the payor
20 of last resort.

21 6. If sufficient program funds are not available to
22 reimburse all billings submitted by participating providers,
23 the department shall place a participating provider on a
24 reimbursement waiting list in the order the participating
25 provider's billing statement was received.

26 7. This section shall not be construed as granting an
27 entitlement to reimbursement for any covered service or
28 treatment provided by a participating provider.

29 8. a. A health equity program fund is created in the
30 state treasury under the control of the department. The fund
31 includes but is not limited to amounts appropriated by the
32 general assembly and other moneys available from federal or
33 private sources which are to be used for purposes of this
34 section. Notwithstanding section 8.33, funds remaining in
35 the fund at the end of each fiscal year shall not revert to

1 the general fund of the state but shall remain in the health
2 equity program fund. Moneys in the fund are appropriated to
3 the department for purposes of the health equity program.

4 *b.* There is appropriated from the general fund of the
5 state to the health equity program fund a sum which reflects
6 the total equivalent of all state revenue expended for
7 genitourinary agents for state employees under the group
8 insurance plan for public employees pursuant to chapter 509A,
9 between July 1, 2002, and June 30, 2022.

10 *c.* For the purposes of this subsection:

11 (1) "*Genitourinary agents*" means medicines used to treat
12 conditions of the reproductive organs and excretory system or
13 urinary tract.

14 (2) "*Period products*" includes but is not limited to
15 tampons, period pads, and period cups for use in connection
16 with the menstrual cycle.

17 8. The department shall submit an annual report to the
18 governor and the general assembly regarding the status of the
19 program and fund including the balance remaining in the fund,
20 the number of participating providers, the total amount billed
21 per participating provider, the covered services and treatments
22 for which reimbursement was provided in the previous year, and
23 any recommendations for changes to the program or fund.

24 Sec. 2. CODE EDITOR DIRECTIVE. The Code editor may
25 designate section 135.193, as enacted in this Act, as a new
26 subchapter within chapter 135, entitled "HEALTH EQUITY PROGRAM
27 AND FUND".

28 EXPLANATION

29 The inclusion of this explanation does not constitute agreement with
30 the explanation's substance by the members of the general assembly.

31 This bill requires the department of health and human
32 services (HHS) to establish a health equity program (program)
33 to improve menstrual and post-menstrual health by providing
34 for reimbursement of the costs associated with the provision
35 of covered services and treatments related to menstrual and

1 post-menstrual health conditions not otherwise covered by a
2 third-party payor. The department shall promote the program
3 statewide and limit program administrative costs to no more
4 than 4 percent of the funds appropriated for the program on an
5 annual basis.

6 The bill requires HHS to adopt administrative rules to
7 administer the program and specify the types of services and
8 treatments covered under the program, and requires that the
9 covered services and treatments shall include health care
10 services, treatments, supplies, and drugs needed to treat
11 a menstrual or post-menstrual illness, injury, condition,
12 disease, or its symptoms that comply with standard medical
13 practice, or are approved by the United States food and drug
14 administration or are recommended or preferred by the patient's
15 provider and supported by appropriate medical records.

16 The department shall establish a process for the
17 registration of participating providers eligible to receive
18 reimbursement through the program. A participating provider
19 shall be reimbursed for a covered service or treatment through
20 the program fund within 10 days of submission of a billing
21 statement, and if applicable, the billing statement shall
22 confirm that the patient is uninsured or that the service or
23 treatment is not covered by the patient's insurer. The amount
24 billed by the participating provider shall not exceed the
25 actual cost incurred by the provider in delivering the covered
26 service or treatment. Reimbursement shall be paid directly to
27 the participating provider and such payment shall be considered
28 payment in full. The program shall be the payor of last
29 resort. If sufficient program funds are not available to cover
30 all of the billings submitted, HHS shall place a participating
31 provider on a reimbursement waiting list in the order the
32 participating provider's billing statement was received.

33 The provisions of the bill are not to be construed as
34 granting an entitlement to reimbursement for any covered
35 service or treatment provided by a participating provider.

1 The bill creates a health equity program fund under the
2 control of HHS. The fund includes amounts appropriated by the
3 general assembly and other moneys available from federal or
4 private sources. Moneys in the fund at the end of each fiscal
5 year shall not revert but remain in the fund. Moneys in the
6 fund are appropriated to HHS for the purposes of the program.
7 There is appropriated from the general fund of the state to
8 the program fund a sum which reflects the total equivalent of
9 all state revenue expended for genitourinary agents for state
10 employees under the group insurance plan for public employees
11 pursuant to Code chapter 509A, for the fiscal period between
12 July 1, 2002, and June 30, 2022. The department shall submit
13 an annual report to the governor and the general assembly
14 regarding the status of the program and fund including the
15 balance remaining in the fund, the number of participating
16 providers, the total amount billed per participating provider,
17 the covered services and treatments for which reimbursement
18 was provided in the previous year, and any recommendations for
19 changes to the program or fund.

20 The bill defines "genitourinary agents" and "period
21 products".